

VERIFICATION OF PARTICIPATION

VWCC Enrollment Center • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704
enroll@virginiawestern.edu / Fax: 540-857-6163

Date: _____ EMPL ID: _____ Student Name _____

Has the student been attending/participating in your class? _____ Yes _____ No

Would you recommend this student's re-enrollment in this class? _____ Yes _____ No

Class (ex: ENG 111-12) _____

Semester (ex: Fall 2019) _____

Instructor Signature _____

Administrative re-enrollment processed by _____ Date _____

VERIFICATION OF PARTICIPATION

VWCC Enrollment Center • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704
enroll@virginiawestern.edu / Fax: 540-857-6163

Date: _____ EMPL ID: _____ Student Name _____

Has the student been attending/participating in your class? _____ Yes _____ No

Would you recommend this student's re-enrollment in this class? _____ Yes _____ No

Class (ex: ENG 111-12) _____

Semester (ex: Fall 2019) _____

Instructor Signature _____

Administrative re-enrollment processed by _____ Date _____